



# AMERICORPS MID-TERM EVALUATION



## Instructions:

1. Supervisor fill in the answers
2. Print the entire evaluation (both pages)
3. Review the evaluation with the member
4. Supervisor and member sign the evaluation. Mail completed, signed original evaluation to: Iowa Department of Public Health, ATTN: Julie Hibben, Bureau of Substance Abuse, 321 E. 12<sup>th</sup> Street, Des Moines IA 50319

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Print supervisor name: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print member name: \_\_\_\_\_

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Did the member receive explanation of their duties and requirements at the start of their term of service?

☐ Yes  
☐ No

2. Has your member completed at least 50% of the required number of service hours (850 or 450)?

☐ Yes  
☐ No – specify the number of hours completed \_\_\_\_

Comments: **Note action plan to complete hours if less than 50%**

3. Will your member be able to complete the required number of hours by their contract end date?

☐ Yes  
☐ No

Comments:

4. Is your member on track to satisfactorily complete assignments outlined in their Member Service Agreement and position description?

☐ Yes  
☐ No – please contact the AmeriCorps Program staff to discuss options.

Comments:

5. Is your member on track to meet other performance criteria that was clearly communicated at the beginning of their term of service?

☐ Yes  
☐ No

Comments:

<b>6. Please rate your AmeriCorps member's quality of work:</b>	<i>Doesn't Meet Expectations</i>	<i>Meets Expectations</i>	<i>Exceeds Expectations</i>	<i>NA</i>
a. Professional behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Responsibility: Sets priorities, anticipates needs, avoids schedule conflicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Desire to learn: Creative and/or resourceful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Punctuality: Carries out duties, reports to service on time, regularly and consistently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Follow through on tasks and projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to develop, implement ideas and problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Demonstrates leadership: Effectively instructs and delegates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Customer Service: Interaction with internal and external stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to set and achieve personal/professional goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Attention to detail: Quality, accuracy and completeness of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Submits time sheets and administrative paperwork in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Communication: Understands and clearly communicates written and verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Teamwork: Functions well as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Ability to plan projects and/or events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Self-Management: Requires minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

7. Describe your member's most important accomplishments and strengths so far during their term of service:

8. What could your member do to improve their performance?

9. How is your member making a difference at your site?

10. Please provide any additional comments you feel program staff should be aware of regarding your member: